

**HIV
Prevention**

SAVES LIVES

HIV/AIDS Among Hispanics in the United States

The United States has a large and growing Hispanic population that is heavily affected by the HIV/AIDS epidemics. In 1998, Hispanics represented 13% of the U.S. population (including residents of Puerto Rico), but accounted for 20% of the total number of new U.S. AIDS cases reported that year (9,650 of 48,269 cases). The AIDS incidence rate (the number of new cases of a disease that occur during a specific time period) among Hispanics in 1998 was 28.1 per 100,000 population, almost 4 times the rate for whites (8.2 per 100,000) but lower than the rate for African Americans (66.4 per 100,000).

**Proportion of U.S. AIDS Cases
Reported in 1998 Among Selected Hispanics
by Exposure Category and Place of Birth**

	U.S.	Mexico	Puerto Rico
MSM	37%	48%	14%
IDU	28%	8%	46%
Hetero- sexual	12%	11%	25%

Hispanics in the United States include a diverse mixture of ethnic groups and cultures. As shown in the chart at left, HIV exposure risks for U.S.-born Hispanics and Hispanics born in other countries vary greatly¹, indicating a need for specifically targeted prevention efforts.

A recent CDC study² examining data from the 25 states that had integrated HIV and AIDS surveillance from January 1994 through June 1997 found that HIV diagnoses increased 10% among Hispanics between 1995 and 1996. However, the number of cases reported among Hispanics was relatively small, since many states with large Hispanic populations have not implemented HIV reporting and were not included in the study.

Historical Trends in AIDS Cases Among U.S. Hispanics

Between 1992 and 1997, the number of persons *living* with AIDS increased in all groups, as a result of the 1993 expanded AIDS case definition and, more recently, improved survival among those who have benefited from the new combination drug therapies. During that 5-year period, the characteristics of persons living with AIDS were changing, reflecting shifts in the populations affected by the epidemic. In 1992, 17% of those estimated to be living with AIDS were Hispanic, while in 1997, 19% were Hispanic. In comparison, non-Hispanic whites represented 49% of people estimated to be living with AIDS in 1992, but only 40% in 1997.

Cumulatively, males account for the largest proportion (82%) of AIDS cases reported among Hispanics in the United States, although the proportion of cases among women is rising. Women represent 18% of cumulative AIDS cases among Hispanics, but account for 21% of cases reported in 1998 alone. U.S.-born Hispanics account for the largest number of AIDS cases reported among

CDC
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¹ See Table 20, *HIV/AIDS Surveillance Report*, 1998 Year-end Edition, Vol. 10, No. 2.

² See *Diagnosis and Reporting of HIV and AIDS in States with Integrated HIV and AIDS Surveillance—United States, January 1994-June 1997*, MMWR 1998, Vol. 47, No. 15 (April 24, 1998).

Hispanics in this country. Among U.S. Hispanics whose place of birth was outside of the United States, individuals born in Puerto Rico account for the majority (58%) of AIDS cases.

From the beginning of the epidemic through December 1998, 100,950 Hispanic men have been reported with AIDS in the United States. Of these cases, men who have sex with men (MSM) represent 43%, injection drug users (IDUs) account for 36%, and 5% of cases were due to heterosexual contact. About 7% of cases were among Hispanic men who both had sex with men and injected drugs. Among men born in Puerto Rico, however, injection drug use accounts for a significantly higher proportion of cases than male-male sex.

For adult and adolescent Hispanic women, heterosexual contact accounts for the largest proportion (47%) of cumulative AIDS cases, most of which are linked to sex with an injection drug user. Female IDUs account for an additional 41% of AIDS cases among U.S. Hispanic women.

Building Better Prevention Programs for Hispanics

While race and ethnicity alone are not risk factors for HIV infection, underlying social and economic conditions (such as language or cultural diversity, higher rates of poverty and substance abuse, or limited access to health care) may increase the risk for infection in some Hispanic American communities.

- ❖ ***Transmission related to substance abuse continues to be a significant problem among Hispanics living in the United States,*** especially among those of Puerto Rican origin. Studies of HIV prevalence among patients in drug treatment center find the rates of HIV infection among Hispanics to be significantly higher in some regions of the country, particularly the Northeast and Midwest. Comprehensive programs for drug users must provide the information, skills, and support necessary to reduce both injection-related and sexual risks. In addition, HIV prevention and treatment, substance abuse prevention, and sexually transmitted disease treatment and prevention services must be better integrated to take advantage of the multiple opportunities for intervention.
- ❖ ***Prevention messages must be tailored to the affected communities.*** Hispanic populations need interventions that (1) are consistent with their values and beliefs and (2) include skills-building activities to facilitate changes in sexual behavior. Further, because the HIV/AIDS epidemic among U.S. Hispanics reflects to a large extent the exposure modes and cultural modes of the individuals' birthplaces, an understanding of these behaviors and differences is important in targeting prevention efforts. For example, some high-risk behaviors associated with drug abuse (such as use of shooting galleries) may be more predominant among Puerto Rico-born Hispanics than among other Hispanics. Therefore, for these populations, prevention strategies should emphasize (1) preventing and treating substance abuse and (2) decreasing needle-sharing and the use of shooting galleries. For Hispanics born in Mexico, Cuba, and Central and South America, CDC data indicate that male-male sex is the primary mode of HIV transmission. Messages targeted to these populations must be based on an understanding of their cultural attitudes toward homosexuality and bisexuality, which may be different from those of other populations at high risk for infection.

To improve prevention programs in Hispanic communities across the United States, in addition to addressing underlying social and economic conditions, we must apply the lessons we have already learned about the design of culturally appropriate HIV prevention efforts for each Hispanic population.

For more information...

**CDC National Prevention
Information Network:**
P.O. Box 6003
Rockville, Maryland 20849-6003
1-800-458-5231

CDC National AIDS Hotline:
1-800-342-AIDS
Spanish: 1-800-344-SIDA
Deaf: 1-800-243-7889

Internet Resources:
NCHSTP: <http://www.cdc.gov/nchstp/od/nchstp.html>
DHAP: <http://www.cdc.gov/hiv>
NPIN: <http://www.cdcnpin.org>